HEALTH CARE AUTHORITY BSC REPORT CARD

January 31, 2003

Provide access to quality affordable health care. Deliver the best value in health care. **MISSION:**

VISION:

		Sc	oreca	rd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
I: PROVIDE THE	BEST	VALI	UE IN	HEA	LTH C	CARE THROUGH AGEN	CY PROGRAMS, INITIATIVES AND PURCHA	SING			
I.A. Make program and purchasing decisions based on the value of health care as measured by quality and access relative to	X			X	X	I.A.1. Meet or exceed nationally recognized benchmarks for quality and access such as HEDIS, CAHPS, or NCQA standards.	I.A.1.a. Percentage of contracted health plans for Public Employees Benefits Board (PEBB) and Basic Health (BH) that meet or exceed nationally recognized benchmarks. (Outcome)	2003 baseline: NCQA: 31% of plans are accredited HEDIS: 13% avrg. across 4 measures CAHPS: 44% across 4 measures	Identified areas in which plans have benchmark deficits.	Begin monitoring plan activities to correct deficits.	
costs.							I.A.1.b. Percentage variance from quality benchmarks for Uniform Medical Plan (UMP) (Outcome)	CAHPS variance from avg. PPO rating actual: 10%			Actual:
						I.A.2. Meet or exceed targets based on recognized benchmarks for cost.	I.A.2.a. Percentage variance from comparable states and large employers for PEBB coverage costs. (Outcome)		Target: Complete review and estab. Baseline Actual: In progress		
							I.A.2.b. Number of customers served by the PEBB (Output)	Target:156,057 Actual: 155,482	Target: 155,482 Actual: 157,532	Target: 155,482	Target: 155,482
							I.A.2.c. Number of customers served by the BH (Output)	Target: 137,063 Actual: 120,811	Target: 150,575 Actual: 135,391	Target: 157,242 Actual:	Target: 167,242 Actual:
							I.A.2.d. Per capita cost of coverage for the PEBB (Efficiency)	Target: \$400.16 Actual: \$ 399.98	Target: \$400.16 Actual: \$398.92	Target: \$474.39 Actual:	Target: \$474.9 Actual:
							I.A.2.e. Per capita cost of coverage for the BH (Efficiency)	Target: \$158.67 Actual: \$158.16	Target: \$141.91 Actual: \$148.56	Target: \$157.12 Actual:	Target \$156.94 Actual:
							I.A.2.f. Difference between UMP trend and Milliman Health Cost Index.	Target: 3% Actual: 4 % (estimate)	Target: 3% Actual: Update not available until mid- February	Target: 3% Actual:	Target: 3% Actual:
							I.A.2.g. Variance from national health cost indices for PEBB and BH-like coverage. (Outcome)		Requested data from plans for PEBB/BH/HO	Compare plan date to OIC Program Report	Incorporate plan comparisons into procurement process

		Sc	oreca	rd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
I: PROVIDE THE	BEST	· VAL	UE I	N HE	ALTH	CARE THROUGH AGEN	CY PROGRAMS, INITIATIVES AND PURCH	ASING			
I.B. Maximize the impact and efficiency of Community Health Services (CHS) grants to targeted populations.	X			X	X	I.B.1. Increase total number of sliding fee users by 5% for the biennium.	I.B.1.a. Number of sliding fee customers served through clinics with CHS grant funds. (Output) I.B.1.b. Per capita CHS Cost for medical and dental services (Efficiency) I.B.1.c. Develop and Implement CHS non-citizen dental.		 Implemented 10/01/02	Implemented 10/01/02	Target: 151, 580 Med. Target: \$27.30 Dent. Target: \$64.70 Implemented 10/01/02

		Sc	oreca	rd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
II. PROVIDE LEA	DERS	SHIP A	AND C	COOR	DINA'	TION IN STATE HEALT	H CARE POLICY AND PURCHASING				
II.A. Initiate interagency collaboration for purchase and delivery of health care based on	X		X	X	Х	II.A.1. Reduce administrative and prescription drug benefit costs and/or trends by 1% through consolidation of MAA/HCA/L&I	II.A.1.a. Unified pharmacy benefit management for MAA/HCA. (Outcome)	Interagency agreement signed by L&I, HCA MAA. Mercer Consulting conducting needs assessment	Project management consultant hired 10/1/02	Target Release joint RFP for PBM services	Target: Select PBM vendor
best national or regional practices.						purchasing and management of prescription drug coverage.	II.A.1.b. Number of evidence-based drug classes reviewed. (Output)	Negotiations underway with state of Oregon. Interagency agreement under review. Completed four drug classes	Target: Sign interagency agreement with Oregon for additional drug classes. Actual: Interstate agreement in final review expected to be finalized in February 2003.	Target: Four additional drug classes reviewed	
							II.A.1.c. Reduction or stabilization of prescription drug trend and corresponding cost savings/avoidance. (Outcome)	Current trend: 25.1 percent-	No update available until mid-February 2003		
							II.A.1.d. Drug acquisition discounts and dispensing fees. (Output)	UMP retail dispensing fees: \$2.50 generic, \$2.00 brand Mail order dispensing fee: \$0 Actual discount: (mail & retail combined): Generic AWP-54% Brand AWP-18% -	UMP retail dispensing fees: \$2.50 generic, \$2.00 brand Mail order dispensing fee: \$0 Actual discount: (mail & retail combined): Generic AWP-54% Brand AWP-19% -		
							II.A.1.e. Amount of rebates. (Output)	UMP Earned rebates: \$640,000 (estimate)	UMP Earned rebates: \$650,000 (estimate)		
							II.A.1.f. Per capita prescription drug costs. (Efficiency)	UMP \$61 PMPM (revised estimate – all risk groups combined)	UMP \$64 PMPM (estimate – all risk groups combined)		

		Sc	oreca	rd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
II. PROVIDE LEA	DERS	SHIP A	AND C	COOR	DINA	TION IN STATE HEALT	H CARE POLICY AND PURCHASING				
	Х		Х	X	X	II.A.2. Reduce administrative and benefit costs and/or trends by 1%	II.A.2.a. Reduction or stabilization of cost trends for new treatments and technology with corresponding cost savings/avoidance. (Outcome)			Target: Estab. baseline Actual:	Target: Analysis complete.
						through consolidating evidence based technology	II.A.2.b. Number of technology assessments completed. (Output)			Target: Estab. baseline Actual:	
						assessment and prevention policies among health care agencies.	II.A.2.c. Health status improvement resulting from uniform preventative health coverage. (Outcome)			Target: Estab. baseline Actual:	
							II.A.2.d. Uniform preventative coverage criteria adopted for MAA, PEBB, BH and L&I. (Output).		Characteristics of data	Target: Estab. baseline Actual:	
							II.A.2.e. Per capita cost of health coverage. (Efficiency)		Standardized data requests for HCA/MAA proposed to state health plans. Baseline to follow 4th quarter.		
						II.A.3. Implement 3 or more clinical management programs that improve quality and reduce health care trend (i.e. disease and collaborative	II.A.3.a. Number of initiatives adopted. (Output)		COAP Diabetes Collaborative General Surgery Program (proposed)	Asthma Collaborative	
						management programs) by calendar year 2005.	II.A.3.b. Reduce clinical variance and improve targeted health outcomes for cardiac surgery by 5 – 10% annually. (Outcome)			Evaluate Interim Cardiac Report (COAP)	Determine applicability of standards from final Cardiac Report (est. 5- 10 morbidity reductions)
						II.A.4. Reduce administrative and/or benefit costs/trends by 1% through implementation of an evidence-based benefit design for BH and PEBB by 2005.	II.A.4.a. Implement evidence-based benefit design for BH by 2005. (Outcome)		Determine applicability of Oregon Health Plan design		Develop 1-2 evidence based benefit options for 2005 COC (PEBB and BH)

		Sc	oreca	rd										
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)			
III. MAKE IT EA	SY TO	DO B	BUSIN	ESS V	VITH '	HE HEALTH CARE AUTHORITY								
III.A. Provide responsive, accurate and	X		X	Х	X	III.A.1. Increase member initiated electronic transactions by 10%.	III.A.1.a. Establishment of electronic payment capabilities. (Output)				Target: Capabilities developed. Actual:			
accessible services and information.							III.A.1.b. Percentage of active employee customers using electronic based process for PEBB open enrollment. (Output)	Target: Implement initiative Actual: Implemented	2002 baseline 5,000 10,600 open enrollment electronic transactions processed through 12/20/02. This represents 53% of the open enorllment transactions.					
						industry standards for	III.A.2.a. Percentage of customer contacts responded to within standards for response time. (Outcome)	Target: 78% Actual: 53.6%	Target: 78% Actual: 40.7%	Target: 78% Actual:	Target: 78% Actual:			
						customer service.	III.A.2.b. Increase in customer experience survey scores over 2001 survey. (Outcome)	Rate: overall care: no change. Rate your plan improved 13% Customer services improved 18% Getting care Quickly: improved 5% Getting needed care: decreased 11% Advise on smoking improved 5%		Solicit vendor for 2003 survey	Apply response analysis to procurement			
							III.A.3. Reduce in unit costs per transaction by 10% or greater.	III.A.3.a. Unit cost per transaction. (Efficiency)		Target: \$18,000 in savings Actual savings: \$55,000-PEBB; \$4,125-BH (reduction of 9% per unit for premium billing & 18% per unit for delinquent billing)				
						III.A.4 Ease transition of non-documented immigrants from MAA to BH.	III.A.4.a Enrollment of non-immigrant population.		Total Enrollment Oct: 1455/11437 Nov: 1455/13199 December: Total enrollment: 12705					

		Sc	oreca	rd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
III. MAKE IT EAS	SY TC	DO E	BUSIN	ESS V	WITH '	THE HEALTH CARE AU	THORITY				
III.B. Use standard technology products to improve core business systems and organizational efficiency.	X	X	X	X	X	III.B.1 Implement a unified insurance system that achieves aggregate systems savings of \$1.5 million.	III.B.1.a Percentage cost and resource reduction. (Outcome)	Analysis Complete	Design complete. Requirements complete. Design to be compete as of 1/31/03. No impact on project implementation (6/30/03)	Acceptance testing	System implementation
						III.B.1.b Identify cost per member/per year.		Current annual computer operations cost per member is \$4.60. Projected cost per member, after 6/30/03 project implementation, is \$1.60. Actual cost is tracking very well against estimates as implementation is progressing.			
						III.B.1 Increase employees' and business partners' satisfaction with HCA	III.B.2.a. Percentage of users satisfied with new insurance system as measured by surveys. (Outcome)			Target: Survey plan complete. Actual:	Target: Survey plan implemented. Actual:
						systems.	III.B.2.b. Overall satisfaction rating on UMP provider survey. (Outcome)	Target: Initiate survey Actual: Survey mailed to 4000 87% > satisfied with UMP compared to other health plans	Initiate development of action plan. Completed summary of survey and action plan to be posted on website and distributed to all UMP network providers.	Target: Finalize Action Plan	Target: Implement action plan Actual:

		Scorecard									
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
IV. PROMOTE C	ONSU	MER	PART	ICIPA	ATION	N IN RESPONSIBLE HEA	LTH CARE DECISION MAKING				
IV.A. Provide consumer information and incentives to choose effective care.	X			Х	Х	IV.A.1. Increase member education and demand management initiatives.	IV.A.1.a. Number of consumer education/demand initiatives adopted. (Output)			Target: Estab. baseline Actual:	Target: Initiatives developed.
						IV.A.2. Improve effectiveness (use) of Decision Support Tool (DST) by 10%.	IV.A.2.a. Increase the number of members who use DST to make informed choice of health plan based on access, quality and affordability. (Outcome)		Number of users: 12,000 91% of respondents found it easy to use; 83% indicated information was helpful in selecting a plan		

		Sc	oreca	rd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
V. PRACTICE SO	OUND	BUSI	NESS	PRIN	CIPL	ES AND FINANCIAL STE	CWARDSHIP				
V.A. Improve the value and efficiency of administrative services.	X		X	X	X	V.A.1. Implement survey and establish baseline to increase internal customer satisfaction.	V.A.1.a. Improved customer survey scores. (Outcome)			Target: Survey plan complete. Actual:	Target: Survey plan implemented. Actual:
V.B. Ensure the integrity of HCA eligibility and enrollment processes.	X		Х	Х	Х	V.B.1. Achieve 90% eligibility accuracy rate.	V.B.1.a. Number of accurate eligibility reviews. (Output)			Target: Develop & implement Quality Assurance Program Actual::	
Siliciniion processor							V.B.1.b. Number of BH enrollees recertified at least annually. (Output)		Target: Develop tracking system. Actual:: Monthly reporting avaliable	Target: 100% Actual:	Target: 100% Actual:
							V.B.1.c. Percent accuracy as measured by internal audits. (Outcome).				Sample internal control eligibility audit
V.C. Improve internal and external control processes and vendor oversight.	X		X	X	X	V.C.1. Conduct annual risk assessment and correct deficiencies within a year.	V.C.1.a. Number of deficiencies identified and corrected. (Output)		Target: Design process for risk assessment. Established a timeline for annual risk assessment completions, to include: Design, approval, implementation, collection/analysis of results, reporting, follow-up, certification to OFM.	Target: Identify external input.	Target: Develop & implement Quality Assurance Program Actual:
						V.C.2. Ensure that vendors meet contracted performance standards.	V.C.2.a. Performance provisions included in all vendor contracts. (Output)		Establishing guidelines for each contract manager to use to establish the performance measures that are appropriate for the specific contractor and contract.	Implement standards for contracts as they are renewed.	Implement standards for contracts as they are renewed.
							V.C.2.b. Percentage of vendors meeting contracted performance standards. (Outcome)			Implement standards	Standards monitored on 60% of contacts

		So	coreca	ırd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
V. PRACTICE S	SOUNE	BUS	INESS	PRIN	CIPL	ES AND FINANCIAL STI	EWARDSHIP				
	X		X	X	X	V.C.3. Prevent waste and abuse by monitoring and other actions.	V.C.3.a. Number of onsite audits conducted by TEAMonitor and CHS. (Output) V.C.3.b. Improvement of onsite audit scores for TEAMonitor by 5% annually. (Outcome)				100% audits complete Report results into procurement Actual:
							V.C.3.c. Number of UMP fraud and abuse allegations investigated. (Output)	Actual: 100 investigations	Target: 50 investigations Actual: 48 providers reviewed or identified for monitoring.	Target: 50 investigations	Target: 50 investigations
							V.C.3.d. Number of UMP inappropriate billings investigated and recovered.	Target: 715 billings investigated Recover: \$1563 Identified: \$8187	Actual: Additional 714 billings investigated Recovered: \$3,190 Identified: \$9,531	Target: 750 billings investigated	Target:750 billings investigated
V.D. Fully comply with HIPAA, PBOR, and	X		Х	X	X	V.D.1. Protect HCA's customers' privacy and health care rights.	V.D.1.a. HIPAA compliance. (Output)				Privacy Rules: 4/2003 Transaction Rule: effective10/2003
other privacy mandates.							V.D.1.b. PBOR compliance. (Output)	In compliance 12/2001			

		Sc	oreca	rd							
Strategies	Customer Service	Learning & Growth	Internal Processes	Financial Impact	Value & Benefit	Objectives	Performance Measures	Quarter 1 Ending (09/30/02)	Quarter 2 Ending (12/31/02)	Quarter 3 Ending (03/31/03)	Quarter 4 Ending (06/30/03)
VI. ATTRACT, D	EVEL	OP, R	ETAII	N ANI	D REV	VARD A HIGH-PERFORM	MING WORKFORCE				
VI.A. Establish and incorporate core skill	Х	Х				VI.A.1. Complete 75% of performance evaluations on time.	VI.A.1.a. Percentage of performance evaluations completed on time. (Outcome)	Target: 75% Actual: 71%	Target: 75% Actual: 77%	Target: 75%	Target: 75%
competency standards into expectations and evaluations.						VI.A.2. Complete core competency assessments for 80% of HCA employees by August 2003.	VI.A.2.a. Percentage of core competency assessments completed by August 2003. (Outcome)			Target: complete 25%	Target: 50%
VI.B. Recruit, retain, and recognize, high- performing individuals	Х	Х				VI.B.1 75% of all employees demonstrate satisfactory performance competencies by June 2005.	VI.B.1.a. Percentage of employees that demonstrate satisfactory performance competencies by June 2005. (Outcome)			Begin competency evaluations.	Complete 25% of competency evaluations
and teams.						VI.B.2 Achieve an annual turnover rate of less than 5% for permanent employees who meet or exceed performance expectations.	VI.B.2.a. Percentage of annual turnover for permanent employees who meet or exceed performance expectations. (Outcome)	2.4% turnover rate			Target: 5% FY03
						VI.B.3 Recruit and maintain a diverse workforce.	VI.B.3.a. Diversity of HCA workforce (people of color, veterans and person with disabilities) as a percent of the total employee population. (Outcome)	Target: 34% Actual: 36%	Target 34% Actual: 35.5%	Target: 34%	Target: 34%
						VI.B.3 Achieve positive trends in employee satisfaction with recognition.	VI.B.4.a. Employee satisfaction with recognition. (Outcome)				Conduct survey: Target rating of 4.02 or higher